



AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-IX 2965	
SERIAL NO: 09/016,061	FILING DATE: January 30, 1998	EXAMINER: P. Gambel	GROUP ART UNIT: 1644	
INVENTION: ANTI- $\alpha\beta$, RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on March 11, 2002

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No.

March 11, 2002
Date of Signature

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Transmitted herewith is Request for Continued Examination (in duplicate) in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed (in duplicate).
- ☒ Information Disclosure Statement.
- ☒ Form PTO 1449.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	73	-	79	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPENDENT CLAIMS	6	-	24	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		XX NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

— Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

Inventor: William D. Huse
Serial No.: 09/016,061
Filed: January 30, 1998
Page 2

X A check in the amount of \$830.00 is enclosed, \$460.00 of which covers the fee for a three-month extension of time and \$370.00 of which covers the Request for Continued Examination fee.

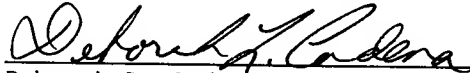
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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